



MICROFINANCE AFRICAN INSTITUTIONS NETWORK

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REGISTRATION FORM

Training Program on “Saving Mobilization”

June 11-14, 2018

Addis Ababa, Ethiopia

Name:

Gender: Male Female

Mailing Address (Business):

Country: City: Street:

P.O.Box:

Tel:(office),(cell/mobile)

Fax:

Email:(office)(personal)

Skills and Education

Name of Institution:

Present Position:

Number of Years in this Position:

Main Job Responsibilities:

Number of Years with Microfinance related Activities:

Academic Qualification:

Language Proficiency: (Fluent in English Yes No)

Computer Literate Yes No

Signature:.....Date:.....

Authorized by:.....Position:.....

Tel:Email:

Signature:.....Date: